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APPLICANTS
 Elizabeth Ramirez, Gainesville, FL;

** CONTINUING DATA ***** *None* *****

** FOREIGN APPLICATIONS ***** *None* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/10/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 2
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Verified and Acknowledged
 Examiner's Signature *AL* Initials

ADDRESS
 04219
 MALLOY & MALLOY
 2800 S.W. THIRD AVENUE
 HISTORIC CORAL WAY
 MIAMI ; FL
 33129

TITLE
 Structure to enclose a safe zone on and above a mattress and its support permitting limited movement only of a bedridden patient in the safe zone

FILING FEE RECEIVED 525	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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